

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service (DOS) 06/28/01 and 07/30/01?
b. The request was received on 06/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g)(4), the Division notified the insurance carrier Austin Representative of their copy of the Requestor's additional documentation on 07/31/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 07/18/02
"DOS where NO EOB WAS RECEIVED- Carrier was initially billed and didn't respond. Provider then sent a request for reconsideration. Proof that carrier received request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307(j)(2) says only the reason brought up by carrier can be heard at MDR. SOAH decisions say if the carrier doesn't care to respond then they lose their opportunity to put in a reason. If no reason is put in by carrier as to the denial the provider 'should' win if the MDR reviewer follows TWCC rules."
2. Respondent: no response submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are 06/28/01 and 07/30/01.

2. The Carrier did not supply EOBs according to the provider or in response to the medical dispute.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
06/28/01	97545-WH	\$102.40	\$0.00	No EOB	\$102.40	MFG, MGR (II)(E) & CPT descriptor	The carrier did not submit EOBs to the provider per the Requestor's position statement and has submitted none in response to the medical dispute. The medical documentation indicates the services were performed as billed. Therefore, reimbursement of \$409.60 is recommended.
06/28/01	97546-WH	\$307.20	\$0.00	No EOB	\$307.20		
07/30/01	99213	\$48.00	\$0.00	No EOB	\$48.00	Texas Workers' Compensation Act & Rules, Sec. 413.031 (c), Rules 133.1 (a)(3)(E)(i) & 133.307 (j)(2) MFG, E/MGR (IV)(C)(2) & CPT descriptor	The carrier did not submit EOBs to the provider per the Requestor's position statement and has submitted none in response to the medical dispute. While Rule 133.307 (j)(2) limits the carrier's response to denial reasons raised prior to the filing of the medical dispute, this Rule does not place any restrictions on Medical Review except to say that "Any new denial reasons or defenses raised shall not be considered in the review." This refers to new denial reasons or defenses raised by the carrier. It does not prohibit the Medical Review Division from reviewing the case based on pertinent rules and law. Sec. 413.031 (c) states, "...the role of the Commission is to adjudicate the payment given the relevant statutory provisions and commission rules." Rule 133.1 (a)(3)(E)(i), indicates that documentation for the three highest office visits must be submitted and must substantiate the care. The medical documentation submitted is inadequate for the level of service billed. Therefore, no reimbursement is recommended.
07/30/01	99455-RP	\$50.00	\$0.00	No EOB	\$50.00	MFG, E/MGR (XXII)(D)(2) & CPT descriptor	The carrier did not submit EOBs to the provider per the Requestor's position statement and has submitted none in response to the medical dispute. A review of the Commission's Information System indicates this charge is for a review of a TWCC-69. Therefore, the services were billed correctly and reimbursement of \$50.00 is recommended.
Totals		\$507.60	\$0.00				The Requestor is entitled to reimbursement in the amount of \$459.60

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$459.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division